

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                  |
|------------------------|------------------|
| Application Number     | 09/896,248       |
| Filing Date            | June 29, 2001    |
| Inventor(s)            | Carl A. Caroli   |
| Group Art Unit         | 2613             |
| Examiner Name          | Shi K. Li        |
| Attorney Docket Number | 129250-002053/US |

## ENCLOSURES (check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers<br>(for an Application)                                 | <input type="checkbox"/> After Allowance Communication to Group   |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Letter to the Official Draftsperson and _____ Sheets of Formal Drawing(s) | <input type="checkbox"/> LETTER SUBMITTING APPEAL BRIEF AND APPEAL BRIEF (w/clean version of pending claims)            |
| <input type="checkbox"/> Amendment   | <input type="checkbox"/> Licensing-related Papers  | <input checked="" type="checkbox"/> Appeal Communication to Group<br>(Notice of Appeal, <u>Corrected Appeal Brief</u> ) |
| <input type="checkbox"/> After Final   | <input checked="" type="checkbox"/> Petition to Revive   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address            | <input type="checkbox"/> Other Enclosure(s)<br>(please identify below):   |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer   |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund  |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____   |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |  |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |
|  | Remarks  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |   |                                 |                    |
|-------------------------------|---|---------------------------------|--------------------|
| Firm<br>or<br>Individual name | Capitol Patent & Trademark Law Firm, PLLC | Attorney Name<br>John E. Curtin | Reg. No.<br>37,602 |
| Signature                     | //John E. Curtin//                        |                                 |                    |
| Date                          | September 1, 2007                         |                                 |                    |